Gas Strength and Tightness Testing (Non Domestic)

Enter Company Gas Safe Registration Number 574561

CUSTOMER DETAILS

Name (Mr/Mrs/Miss/Ms) VOS ACCOMMODATION

Address WINDGATHER.
ENDCLIFFE VILLAGE
SHEFFIELD

Postcode S10 3EL

Tel No —

Contract Number VOS

SERVICE CENTRE

Address ENGIE
14 ENDCLIFFE CRESCENT
SHEFFIELD

Postcode S10 3EA

Tel No 0114 2224946.

Indicate work undertaken	Tightness test	✓ Strength test
Scope of works	Job No	
ANNUAL GAS PPM AND TIGHTNESS TEST.		

Test Instrument	
Type (water/elec etc)	ELECTRONIC 2DP
Serial No if applicable	V200CJ26151

TIGHTNESS TEST DETAILS	TPCP1	TPCP1A
Tested To TPCP1 or TPCP1A tick as apropriate		✓
Gas type Natural Gas (NG) Liquefied Petroleum Gas (LPG)		NG.
Installation - New (N) - New extension (NE) - Existing (E)		E
Could weather/changes in temperature affect test? Yes/No		
Meter type (Diaphragm, Rotary etc) (N/A if meter not included in test)		R
Meter designation (U16, U40, P7 etc) (N/A if meter not included in test)		NA
Pressure bypass installed if applicable (Yes/No/NA)		NA
Gas meter volume (m^3)		0.0035
Installation volume pipework and fittings (m^3)		0.036
Installation volume total (m^3)		0.039
Test medium - fuel gas, air		GAS
Tightness test pressure (TTP) mbar/bar		20.0
Gauge GRM		NA
Pressure gauge type (water, high SG, electronic etc)		E
Maximum permitted leak rate (MPLR) m^3/h		
Maximum Permitted pressure drop (mbar)		4.2
Let-by test period (minutes)		2
Stabilisation period (minutes)		6
Tightness test duration (TTD) (minutes)		2
Any inadequately ventilated areas to check? Yes/No		NO
Is barometric pressure correction necessary? Yes/No		
FINDINGS		
Actual pressure drop (if any) mbar		0.0
Actual leak rate m3/hr		
Have inadequately ventilated areas been checked? Yes/NA		NA
Tightness test Pass or Fail		PASS

STRENGTH TEST DETAILS	
State test method Pneumatic (P) or Hydrostatic (H)	
Installation - New (N) - New extension (NE) - Existing (E)	
Have components not suitable for strength testing been removed or isolated from installation as necessary (Yes/NA)	
Calculated strength test pressure (STP) (m/bar/bar)	
Test medium - air, nitrogen, water (hydrostatic test) etc	
Stabilisation period (minutes)	
Strength test duration (STD) (minutes)	
Permitted pressure drop (% STP)	
Calculated pressure drop (mbar/bar)	
FINDINGS	
Actual pressure drop (mbar/bar)	
Strength test Pass or Fail	

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and U[redacted], Industry standards and procedures.

Engineers Signatu[redacted] Date 21/10/20

Print Name [redacted]

Responsible Person's Signature [redacted]

Attention : Where additional safety checks have been necessary to ensure the gas system is safe, the responsible person has been informed and has accepted the results. The installations has been left operational.

NOTIFICATION OF UNSAFE GAS INSTALLATION - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, Industry standards and procedures. However, an unsafe gas installation has been identified, details of which are listed on a separate Warning/Advice Notice.

Engineers Signature Date

Print Name

Responsible Person's Signature

Copies : WHITE - Customer Copy YELLOW - Site Copy PINK - Office Copy GREEN - Engineer's Copy

GAS SAFETY CERTIFICATE

This form can be used as a Landlord's gas safety certificate

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Gas Safe Register 574561

Enter Company Registration Number

Engineer [redacted]

Gas Safe [redacted]

Engie Office Address
JOS ACCOMMODATION UNITS
WINDCATCHER CLOSE
SHEFFIELD
S10 3ET

Contract Number JOS
Customer Name ENGIE
Site Address WINDCATCHER ENGINEERING PLACE SHEFFIELD.
Postcode S10 3EL.
Received By Signature

Landlords Details If Different
Name
Address
Postcode
Rented Accommodation YES/NO

App	Landlords appliance Yes/No	Service Inspection Repair	Appliance Details: Location	Type	Model	Serial Number	Burner Manufacturer	Flue Type (OF/RS/FL)
1	YES	SERVICE	WINDCATCHER PLANT ROOM	BOILER (DHW)	VIESMANN VITODES	7424189001442103	-	OF
2	YES	SERVICE		BOILER (DHW)	VIESMANN VITODES	7424189001433101	-	OF
3	YES	SERVICE		BOILER (DHW)	VIESMANN VITODES	7424189001444107	-	OF
4	-	-		-	-	-	-	-

General Safety Checks	Result	General Safety Checks	Result
Gas booster/compressor operating correctly (Yes /No/NA)	YES	Flue termination satisfactory (Yes/No/NA)	NO
Is there a current gas installation line diagram at primary meter (Yes/No/NA)	NO	Has a tightness test been carried out from local isolation valve (Yes/No/NA)	YES
Is the meter installation correct (Yes/No)	YES	Is gas pipework electrically bonded (Yes/No)	YES
Gas installation pipework adequately supported (Yes/No)	YES	Are adequate emergency isolation valves fitted (Yes/No)	YES
Gas installation pipework sleeved and sealed as appropriate (Yes/No)	YES	Are emergency valve handles in place and labelled (Yes/No)	YES
Is gas pipework colour coded or identified (Yes/No/NA)	YES	Do valves fall to the correct position (Yes/No)	YES
Is flue system installed in accordance with standards (Yes/No)	NO	Area clear of combustible materials (Yes/No)	YES

Ventilation			
Low level free area cm² or ventilation flow rate inlet m³/h	Actual 1945.5	Required (Calculated) 2880.6	
High level free area cm² or ventilation flow rate extract m³/h	Actual 5810.4	Required (Calculated) 1440.0	
All ventilation grills clear and unobstructed (Yes/No) YES	Fans and/or flue interlocks operating correctly (Yes/No/NA) YES		

Details of any faults	Remedial Action Taken	Comments and calculations
		VENTILATION ADEQUATE BUT INCORRECTLY SIZED

Appliance Checks	App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low		App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low		App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low
Flue flow test satisfactory (Yes/No/NA)	YES	YES	YES		Gas burner pressure (mbar) or heat input kW/h required	80	80	80		Carbon Dioxide (CO_2) (%)	8.2	8.3	8.2	
Spillage test satisfactory (Yes/No/NA)	YES	YES	YES		Gas burner pressure (mbar) or heat input kW/h measured	82.7	85.0	80.7		Excess Air (%)	41.5	42.8	45.8	
Air/Gas switch operating correctly (Yes/No/NA)	NA	NA	NA		Gas rating measured (kW/h / NA)	82.7	85.0	80.7		CO/CO_2 Ratio	0.0002	0.0003	0.0002	
Flame proving devices operating correctly (Yes/No/NA)	YES	YES	YES		Air/gas ratio control setting (%/NA)	NA	NA	NA		Gross Efficiency (%)	97.9	98.4	98.2	
Burner lock out time (seconds)	129	136	129		Net flue gas temperature (gross less ambient) (°C)	66	57	61		CO flue dilution (ppm)	7	7	7	
Temperature and limit thermostats operating correctly (Yes/No)	YES	YES	YES		Oxygen (O_2 %)	6.7	6.3	6.6		Standing pressure (mbar)	23.0	23.6	23.0	
Heat net input rating data (kW)	80	80	80		Carbon Monoxide (CO)(ppm)	13	22	18		Working pressure (mbar)	20.6	20.9	20.5	
										Is appliance safe for use (Yes/No)	YES	YES	YES	NA
										Has a warning advice notice been raised (No or Warning notice Ser No or No's)	NO			
										Test Instrument	A1700 SPECTI			
										Test Instrument serial number	V200CTJ26151			

Worksheet No (If used)	
Checked by (office use)	
Entered on database	YES

Declaration of gas safety - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) regulations, standards and procedures.

Date 7/10/20

Signature [redacted]

Distribution: White - Customer, Yellow - Service Centre, Pink - Site, Green - Engineer

GAS SAFETY CERTIFICATE

This form can be used as a Landlord's gas safety certificate

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574561 Enter Company Registration Number

Engineer [redacted]

Gas Safe Ca [redacted]

Engie Office Address
UoS Accommodation Office
16 Endcliffe Crescent
Sheffield
S10 3EA

Contract Number UoS
Customer Name Engie
Site Address Windcatcher
Endcliffe Village
Sheffield
Postcode S10 3EA
Received By Signature

Landlords Details If Different
Name
Address
Postcode
Rented Accommodation YES/NO

App	Landlords appliance Yes/No	Service Inspection Repair	Appliance Details: Location	Type	Model	Serial Number	Burner Manufacturer	Flue Type (OF/RS/FL)
1	YES	SERVICE	Windcatcher Plant Room	Boiler (CH)	Viessmann Vitodens	7373010554369106	—	OF
2	YES	SERVICE		Boiler (CH)	Viessmann Vitodens	7373010805368109	—	OF
3	YES	SERVICE		Boiler (CH)	Viessmann Vitodens	7373010804373103	—	OF
4	YES	SERVICE		Boiler (CH)	Viessmann Vitodens	7373010804372106	—	OF

General Safety Checks	Result	General Safety Checks	Result
Gas booster/compressor operating correctly (Yes /No/NA)	YES	Flue termination satisfactory (Yes/No/NA)	NO
Is there a current gas installation line diagram at primary meter (Yes/No/NA)	NO	Has a tightness test been carried out from local isolation valve (Yes/No/NA)	YES
Is the meter installation correct (Yes/No)	YES	Is gas pipework electrically bonded (Yes/No)	YES
Gas installation pipework adequately supported (Yes/No)	YES	Are adequate emergency isolation valves fitted (Yes/No)	YES
Gas installation pipework sleeved and sealed as appropriate (Yes/No)	YES	Are emergency valve handles in place and labelled (Yes/No)	YES
Is gas pipework colour coded or identified (Yes/No/NA)	YES	Do valves fail to the correct position (Yes/No)	YES
Is flue system installed in accordance with standards (Yes/No)	NO	Area clear of combustible materials (Yes/No)	YES

Ventilation

Low level free area cm² or ventilation flow rate inlet m³/h — Actual 1948.8 Required (Calculated) 2880.0

High level free area cm² or ventilation flow rate extract m³/h — Actual 5510.4 Required (Calculated) 1440.0

All ventilation grills clear and unobstructed (Yes/No) YES — Fans and/or flue interlocks operating correctly (Yes/No/NA) YES

Details of any faults	Remedial Action Taken	Comments and calculations
① Fault CT Pump.	Left isolated.	Ventilation adequate but incorrect seen sized.

Appliance Checks	App 1 or ~~App 1 High~~	App 2 or ~~App 1 Low~~	App 3 or App 2 High	App 4 or App 2 Low
Flue flow test satisfactory (Yes/No/NA)		YES	YES	YES
Spillage test satisfactory (Yes/No/NA)		YES	YES	YES
Air/Gas switch operating correctly (Yes/No/NA)		NA	NA	NA
Flame proving devices operating correctly (Yes/No/NA)		YES	YES	YES
Burner lock out time (seconds)		64	65	63
Temperature and limit thermostats operating correctly (Yes/No)		YES	YES	YES
Heat net input rating data (kW)		60	60	60

	App 1 or ~~App 1 High~~	App 2 or ~~App 1 Low~~	App 3 or ~~App 2 High~~	App 4 or ~~App 2 Low~~
Gas burner pressure (mbar) or heat input kW/h required		60	60	60
Gas burner pressure (mbar) or heat input kW/h measured		64.8	66.1	66.1
Gas rating measured (kW/h / NA)		64.8	66.1	66.1
Air/gas ratio control setting (%/NA)		NA	NA	NA
Net flue gas temperature (gross less ambient) (°C)		50	53	52
Oxygen (O_2 %)		6.5	4.7	5.8
Carbon Monoxide (CO)(ppm)		3.4	110	52

	App 1 or ~~App 1 High~~	App 2 or ~~App 1 Low~~	App 3 or App 2 High	App 4 or App 2 Low
Carbon Dioxide (CO_2) (%)		8.2	9.2	8.6
Excess Air (%)		45.3	29.3	38.9
CO/CO_2 Ratio		0.0004	0.0011	0.0006
Gross Efficiency (%)		98.6	98.6	98.7
CO flue dilution (ppm)		7	7	7
Standing pressure (mbar)		23.0	23.0	23.0
Working pressure (mbar)		20.5	20.5	20.5
Is appliance safe for use (Yes/No)	NA	YES	YES	YES
Has a warning advice notice been raised (No or Warning notice Ser No or No's)	NO			
Test Instrument	TA100 SPM7			
Test Instrument serial number	V200CT26151			

Worksheet No (if used)	
Checked by (office use)	
Entered on database	YES

Declaration of gas safety - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and use) regulations, standards and procedures.

Date 21/10/20

Signature [redacted]

e - Customer, Yellow - Service Centre, Pink - Site, Green - Engineer